



**J-1 Applicants: Please submit with required attachments, including passport copy,
by fax to IRSS, MS65 (510) 486-7563**

**Request for Non-U.S. Citizen or Non-U.S. Permanent Resident
Unclassified Visit or Assignment
- Part I -**

Request Date: _____

SECTION 1: PERSONAL DATA			
1. FULL NAME (as in passport): <div style="display: flex; justify-content: space-between;"> Last: First: Middle: </div>			
2. GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	3. DATE OF BIRTH: (mm/dd/yy):	4. PLACE OF BIRTH: <div style="display: flex; justify-content: space-between;"> Country: City: State/Province: </div>	

SECTION 2: CITIZENSHIP / PASSPORT / VISA / PERMIT DATA		
5. CITIZENSHIP: Country:	6. DUAL CITIZENSHIP: Country:	7. PERMANENT RESIDENT IN U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No
8. PASSPORT: <div style="display: flex; justify-content: space-between;"> Number: Issue Date: Expiration Date: </div>		

SECTION 3: VISIT DATA	
9. VISIT DATES: <div style="display: flex; justify-content: space-between;"> From: To: </div>	10. HOST INFORMATION Name:
11. Purpose of Stay at LBNL (Subject Field and Research Topic)	

SECTION 4: EMPLOYER INFORMATION	
12. CURRENT OR LAST EMPLOYER	13. CURRENT WORK LOCATION (if different from employer's work location)
Name:	Name:
Street:	Street:
City:	City:
State/Province:	State/Province:
Zipcode:	Zipcode:
Country:	Country:
Type of Business or Organization Private Industry If Other:	Type of Business or Organization Private Industry If Other:
Title, Position or Description of Duties	
14. HOME COUNTRY EMPLOYER (if different from 12)	15. LAST SCHOOL ATTENDED (if no previous employment)
Name:	Name:
Street:	Street:
City:	City:
State/Province:	State/Province:
Zipcode:	Zipcode:
Country:	Country:
Type of Business or Organization Private Industry If Other:	
Title, Position or Description of Duties	



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**Request for Non-U.S. Citizen or Non-U.S. Permanent Resident
Unclassified Visit or Assignment
- Part II -**

SECTION 1: PERSONAL DATA

1. <u>PHONE & EMAIL (HOME):</u> Phone: _____ Email: _____		2. <u>PHONE & EMAIL (WORK):</u> Phone: _____ Email: _____	
3. <u>CURRENT RESIDENCE ADDRESS</u> Street: _____ City: _____ State/Province: _____ Zipcode: _____ Country: _____		4. <u>HOME COUNTRY ADDRESS</u> Street: _____ City: _____ State/Province: _____ Zipcode: _____ Country: _____	
PARTICIPATING GUESTS AND EMPLOYEES ONLY			
5. <u>U.S. SOCIAL SECURITY # (if any):</u> Number: _____		6. <u>PERMANENT RESIDENT (other than US, if any) :</u> Country: _____	
7. <u>MAILING ADDRESS (if different from current residence address)</u> Street/P.O Box: _____ City: _____ State/Province: _____ Zipcode: _____ Country: _____			

SECTION 2: CITIZENSHIP / PASSPORT / VISA / PERMIT DATA

8. <u>IS VISITOR CURRENTLY IN U.S.?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date Arrived: _____		9. <u>IF CURRENTLY IN THE U.S. (provide copies):</u> Visa Type (J1, B1 etc.): B1 If Other: _____ Visa Expiration Date: _____	
PARTICIPATING GUESTS AND EMPLOYEES ONLY			
10. <u>HAS VISITOR BEEN TO THE U.S. BEFORE?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide 3-year history of dates and visa type (J1, F1 etc.) for each visit (provide copies). From: _____ To: _____ Visa Type (J1, B1 etc.): B1			
11. <u>IF CURRENTLY OUTSIDE THE U.S.:</u> Applying for visa at U.S Consulate in City/State: _____ Will J1 visa be required? <input type="checkbox"/> Yes <input type="checkbox"/> No Anticipated Port of Entry: _____ Departure Date: _____ Arrival Date in U.S.: _____			
12. <u>IF CURRENTLY IN THE U.S. (provide copies):</u> I-94 #: _____ I-94 end date (or D/S): _____ # of entries on current visa: _____			
13. <u>VISITS TO OTHER U.S. INSTITUTIONS:</u>			
Will you visit another US institution before or after visit to LBNL? <input type="checkbox"/> Yes <input type="checkbox"/> No From : _____ To: _____		Will this institution issue visa documents? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Institution: _____ Contact Name: _____ Phone Number: _____	
14. <u>SUPPORTING DOCUMENTS (provide copies):</u>			
• If J1, IAP-66	Start Date: _____	Expiration Date: _____	Program Sponsor: _____
• If F, I-20	Start Date: _____	Expiration Date: _____	School: _____
• If H1B, I-797	Start Date: _____	Expiration Date: _____	Employer: _____
• If other, state type	Start Date: _____	Expiration Date: _____	Sponsor, if any: _____

SECTION 3: VISIT / ASSIGNMENT DATA - For Administrative Use Only					
15. <u>SPECIFIC INTERNATIONAL AGREEMENT (if any)</u>			16. <u>JUSTIFICATION OF VISIT/ASSIGNMENT</u> (including benefits to DOE programs)		
<u>PARTICIPATING GUESTS AND EMPLOYEES ONLY</u>					
17. <u>ASSIGNMENT AT LBNL:</u> Job Title: Job Code: _____ OrgCode:			18. <u>SUPERVISOR INFORMATION</u> Name: Employee ID#:		
19. <u>WHO IS THE PRIMARY BENEFICIARY OF THIS VISIT / ASSIGNMENT?: (select all that apply)</u> <input type="checkbox"/> Educational Institution <input type="checkbox"/> Industry <input type="checkbox"/> Scientific or Technical <input type="checkbox"/> Yourself <input type="checkbox"/> Government <input type="checkbox"/> Other: <div style="text-align: center;">Organization</div>					
20. <u>LBNL WORK LOCATION</u> Building / Room: Phone: Mailstop:					
21. <u>GUEST CLASS</u> CNS (Consultant)			22. <u>STANDARD HOURS PER WEEK</u>		
23. <u>INSURANCE AND WORKER'S COMPENSATION DISCLOSURE:</u> The Lawrence Berkeley National Laboratory is unable to provide worker's compensation benefits in the event of a work incurred injury to a participating guest, that is, one who is not on the payroll of the Laboratory. Who should LBNL contact to ascertain whether or not you are covered for Worker's Compensation Benefits?					
Name:				Phone:	
Address:		Street:		City: State: Zip:	
Name & Carrier of Medical or Health Insurance Plan					
24. <u>EMERGENCY CONTACT DATA</u>					
Primary Contact? <u>Yes</u> Home Address / Telephone same as guest? <u>Yes</u> If No, please complete information below					
Name:			Relationship:		
Street:			Phone:		
City:			Work Phone:		
State/Province:			Other Phone:		
Zipcode:					
Country:					

SECTION 4: EDUCATION					
25. <u>FIELD OF RESEARCH</u> Describe:					
26. <u>IS RESUME AVAILABLE? (attach if yes)</u> <input type="checkbox"/> No <input type="checkbox"/> Yes					
27. <u>EDUCATIONAL BACKGROUND – INCLUDE UNIVERSITY/COLLEGE TRAINING</u>					
<u>INSTITUTION</u> (from the most recent)	<u>DATES ATTENDED</u> <u>From:</u> <u>To:</u>		<u>FIELD OF STUDY</u>	<u>DEGREE</u> <u>CONFERRED</u>	<u>DATE</u> <u>CONFERRED</u>

SECTION 5: FUNDING INFORMATION		
28.	<u>FINANCIAL SPONSOR (other than DOE)</u>	
Name:	Cost to Sponsor:	
PARTICIPATING GUESTS AND EMPLOYEES IN J-1 PROGRAM ONLY		
29.	<u>FUNDING (minimum monthly requirement: \$1400, plus \$450 for spouse, and \$200 per dependent child 21 and under) for length of appointment:</u>	
Berkeley Lab Employment		\$US/month:
Berkeley Lab per diem or allowance		\$US/month:
U.S. Govt. Agency	Specify Govt. Agency:	\$US/month:
International Organization	Full Name of Organization:	\$US/month:
<u>Central</u> Home Government	Full Name of Government Agency, Ministry or Department:	\$US/month:
BiNational Commission	Specify Commission:	\$US/month:
Other Source of Funding	Specify source:	\$US/month:
Personal Funds (savings etc.)	Banking Institution:	\$US:
<ul style="list-style-type: none"> • <i>Attach recent bank statement</i> 		

SECTION 6: FAMILY MEMBERS				
PARTICIPATING GUESTS AND EMPLOYEES IN J-1 PROGRAM ONLY				
30. <u>FAMILY MEMBERS WHO WILL ACCOMPANY OR JOIN APPLICANT LATER</u> (e.g. spouse, dependent children 21 and under)				
• <u>FULL NAME</u> Last: First: Middle:				<u>RELATIONSHIP</u> Spouse
<u>CURRENT ADDRESS</u> Street: City: Country:				<u>ENTRY DATE</u>
<u>BIRTH INFORMATION</u> Date of Birth: City of Birth: Country of Birth: Country of Citizenship:				<u>PASSPORT EXPIRES</u> Date:

SECTION 7: REGULATORY MANDATORY REQUIREMENTS OF HOST AND DEPARTMENT**PARTICIPATING GUESTS AND EMPLOYEES ON J-1 PROGRAM ONLY**

Regulations governing the (J-1) Exchange Visitor Program, we (the undersigned) certify that all of the information given in the accompanying request form is true and accurate. We further certify the following:

- 1) **VERIFIED FUNDING** We have verified that the international scholar possesses the financial listed above, that these resources are adequate to complete his/her program and to support any accompanying dependants (scholars must have at least \$1400/month, plus \$450/month for spouse and \$200/month per child);
- 2) **ACADEMIC BACKGROUND** We have determined that the international scholar's program of research/teaching is consistent with his/her professional background and experience; and
- 3) **ENGLISH PROFICIENCY** We have determined that the international scholar possesses sufficient proficiency in the English language to participate in his/her exchange visitor program.

In further compliance with the Federal Regulations governing the (J-1) Exchange Visitor Program, as the Laboratory sponsor of the above-named international scholar we agree that we will:

- 1) INSURE THE SCHOLAR'S OBJECTIVE is consistent with the objective listed on his/her Form IAP-66;
- 2) MONITOR THE PROGRESS AND WELFARE of the international scholar, including insuring that he/she obtains sufficient advice and assistance to facilitate the successful completion of his/her exchange visitor program;
- 3) INSURE THE SCHOLAR AND THEIR FAMILY MAINTAINS SUFFICIENT HEALTH INSURANCE as defined by laboratory and federal guidelines for the entire duration of their visit.
- 4) NOTIFY IRSO OF ANY CHANGES in the terms and conditions of this international scholar's exchange program, including employment, or payment not listed on the scholar's IAP-66 form; and
- 5) NOTIFY IRSO (IN WRITING) OF ANY SCHOLAR WHO DEPARTS prior to 30 days before the ending date on the scholar's IAP-66.

31. BY SIGNING BELOW YOU AGREE TO THE ABOVE TERMS AND THAT THE INFORMATION IN THIS FORM IS CORRECT

Signature of Host / Hiring Manager :

Date:

Signature of Business Manager /

Date:

Budget Administrator :

REQUIRED FOR EXTENSION APPLICANTS ONLY

Scholars Arriving with new IAP-66 receive separate agreement with their document

HEALTH INSURANCE AGREEMENT

As a J-1 scholar, you are required to maintain health insurance for yourself and any dependants with you during your stay in the U.S. Failure to maintain such health insurance will be considered a violation of J-1 status and leads to termination of your program. The required coverage has been defined by the USIA.

Required Coverage for Scholars and Dependants

- \$50,000 per accident or illness
- Deductible of no more than \$500
- Medical evacuation up to \$10,000
- Repatriation up to \$7,500
- Covers pre-existing conditions after a reasonable waiting period
- Includes provision for co-payment that does not exceed 25% co-pay by the scholar
- Does not exclude benefits for perils inherent to the activities of the scholar's program

Must be underwritten by an insurance company that meets the rating requirements for the USIA or is backed by the full faith and credit of the scholar's government

I agree to maintain health insurance that meets the conditions described above for myself and my dependants for the full length of me and my family's (if applicable) stay in the U.S. I understand that failure to do so may result in the termination of my program.

32. Signature of Scholar:

Date: